

WESTLOCK PRESCHOOL REGISTRATION FORM 2020-2021

1) **Student:** _____ Please circle one: Male Female

(LAST Name)

(FIRST Name)

2) **Student's Date of Birth (DD/MM/YYYY):** _____ / _____ / _____ **COPY OF BIRTH CERTIFICATE MUST ACCOMPANY THIS APPLICATION.**

3) **Physical address** _____

Mailing address (if different from above) _____

(4) **Parent(s) or Guardian(s) information:**

Mother/Guardian Last name/First name _____ **Father/Guardian** Last name/First name _____

Name _____ Name _____

Physical Address _____ Physical Address _____

Phone Number (H) _____ Phone Number (H) _____

Phone Number (C) _____ Phone Number(C) _____

Email address _____

Please specify which number you can more likely be reached at during class times. Home or Cell?

5) **Employment Info:**

Mother/Guardian _____
(Business name) (Physical Address) (Phone)

Father/Guardian _____
(Business name) (Physical Address) (Phone)

6) **Emergency Contacts:** (NOTE: These people MUST be available during every Preschool class, and must be someone other than parents. The people listed below may pick up your child.)

a) _____
(Name- Last/First) (Physical Address) (Phone)

B) _____
(Name- Last/First) (Physical Address) (Phone)

7) **People other than Parent(s)/Guardian(s) or Emergency Contacts who will be picking up your child:** (Anyone not authorized on this application must have a signed note from the parent/guardian releasing the student into his/her custody.)

a) _____ b) _____

C) _____ d) _____

8) Is there anyone to whom your child may NOT be released? (Circle one) Yes NO

a) _____
 (Name- Last/First) (Physical Address) (Phone)

b) _____
 (Name- Last/First) (Physical Address) (Phone)

9) Student's Personal Healthcare Number: _____

10) Student's Doctor: _____
 (Name- Last/First) (Phone)

 (Clinic Name) (Physical Address of Clinic)

11) Has your child had the following illnesses?

Red Measles	Yes	NO
German Measles	Yes	NO
Chicken Pox	Yes	NO
Whooping Cough	Yes	NO
Mumps	Yes	NO
Allergies (Please list)_____	Yes	NO
Asthma	Yes	NO
Heart Trouble	Yes	NO
Convulsions (Not epilepsy)	Yes	NO
Epilepsy	Yes	NO
Head Injury	Yes	NO
Feeding or Sleeping Troubles	Yes	NO

Other Medical Conditions (Please list)_____

12) Please list any medication (s) that your child takes on a regular basis at home, and indicate which condition is being treated:

 (Medication Name) (Condition)

13) Are your child's immunizations up-to-date? Yes NO

If No, Please Specify: _____

14) **Speech & Language**

Do you have any concerns regarding your child's speech or language development? Yes/No

1. Sound Production Development:

A. Is your child's speech easily understood by family members? Yes/No

By others? Yes/No

B. Does your child say the following sounds correctly:

K – Yes/No F – Yes/No S – Yes/No L – Yes/No

2. Language Development:

A. Does your child understand instructions used at home? Yes/No

B. Does your child use sentences to communicate? Yes/No

C. Does your child communicate his/her thoughts & ideas clearly and without difficulty? Yes/No

Has your child received a speech, language, and/or hearing assessment? Yes/No

If Yes, where? _____.

CONSENT FOR SERVICES:

We have Early Childhood Education Teachers and other early development professionals that come in and help to assess the children's speech, language, fine motor skills, gross motor skills and/or behavior. In order to do the assessment we require consent in writing below.

I hereby give my consent to have my child seen for speech-language services:

Parent/Guardian Signature

Date

(We ask that everyone please sign the consent above, even though your child might not need an assessment. It gives us a quicker way to provide extra assistants to the children that can benefit, and give them a positive start to school. Your child's Educator will approach you if them, along with the professionals that visit the classroom feel that further assessments are needed.)

15) Fine & Gross Motor Abilities

A. Please comment on your child's FINE MOTOR abilities (cutting with scissors, holding a pencil, manipulating small objects etc.)

B. Please comment on your child's GROSS MOTOR abilities (climbing, running, jumping etc.)

16) Please indicate below **any of the following behaviors** which worry you or which you would like to discuss:

a) Frequent fights, temper tantrums, destructiveness _____

b) Restlessness, never still, short attention span _____

c) Nervousness, shyness, or timidity _____

d) Has this child had any medical or emotional conditions requiring or receiving treatment or supervision (Other than that listed in questions #11 or #12)? Yes No

Please give details of this or any other concerns:

Parent Declaration

I certify that the information provided above is correct and completed in its entirety.

(Parent/Guardian Signature)

(Parent Name- Please print)

(Date)

Teacher Declaration

I have reviewed the above to familiarize myself with the student's personal information.

(Educator Signature)

(Educator Name- Please print)

(Date)

Discipline Policy

Disciplining children assists them in developing self-control and self-confidence. Types of behavior that are not acceptable include abusive behavior towards others: Abusive language and destructive behavior towards toys and equipment.

In discipline, no physical or verbal abuse is allowed. Instead, the Teacher, Assistant, and/or Parent Helper use the following methods:

1. Must not deny or threaten to deny any basic necessity.
2. Must not use or permit the use of any physical restraint, confinement, or isolation.
3. Physical punishment, verbal or physical degradation or emotional deprivation is not allowed.
4. Redirecting where or with what the child can play and/or redirecting to another center.
5. Talking to the child on his/her level of understanding. Explaining to the child what is wrong and why.
6. Encouraging a positive play rather than focusing on a negative behavior. Whenever possible, the child should be encouraged to try and solve the problem on his/her own with the teacher acting as a mediator.
7. Using 'Time Away': Persistent refusal to abide by the rules of safety of self, others, or the environment may on occasion require that a child be removed from the situation. The technique is only used as a last resort. We ensure that a "Time Away" results in a positive experience using these 'rules of thumb'.
 - a. Prior to use, explain what it means and what is involved.
 - b. Locate the time away place within play scene, but far enough removed from general activity, so the child will not provoke others or be provoked.
 - c. Make time away as short as possible; Teacher or parent helper is to sit with the child during time away, explaining in simple terms why the child is in "Time Away".
 - d. Refrain from discussing, nagging, arguing or moralizing.
 - e. When Time Away is finished, positively reinforce the first appropriate and acceptable behavior of the child.

I have read, understand and agree with the above discipline policy of Westlock Preschool Society.

(Parent/Guardian Signature)

(Parent Name - Please print)

(Date)

Parent agreement between Westlock Preschool Society and Parent/Guardian of student

1. I understand that the preschool will be responsible for obtaining liability insurance for accidents that may occur while my child is in their care.
2. In the event of an emergency when I cannot be reached, I give my permission for emergency medical treatment to be obtained from my doctor or any doctor selected by the Preschool. The health care provided is in the nature of first aid.
3. I agree that I will not send my child to school if they are presented with any cold or flu symptoms, as outlined in the Parent Handbook.
4. I understand that the Preschool has an approved Emergency evacuation plan. This plan will be tested at least once during the Preschool session, with the children.
5. I agree to the following payment terms:
Registration processing fee of \$50 (Non-refundable) this will include the cost of a souvenir T-Shirt.
Fees as outlined to me by the board.
Please initial: _____ 9 Monthly post-dated payments OR _____ One full payment
6. I agree to ensure that my child is dressed appropriately. Separate clean shoes will be worn for indoor use and I will provide an extra set of clothing in case of an emergency.
7. I agree to send a well-balanced, nutritious, nut free-snack and drink with my child. No gum please.
8. I agree to participate in any mandatory fundraising as determined by the Westlock Preschool Society Board and provide post-dated or buy-out payments as required.
Please initial: _____ Yes _____ No
9. I agree to let the Preschool Educator know if there is any personal information, such as phone numbers, addresses, names or pictures of my child or myself that I do not want put on class lists, in newsletters, or in newspapers.
10. The current Preschool Board will assess fee refunds when a family must withdraw from preschool.
11. As a Parent Helper, I may receive or have access to confidential information about children and families. Except when required by law, this information will be kept in the strictest confidence. I understand that the discussion of personal information about children and families without consent is unethical.
12. I have received, read and understand the Westlock Preschool Society's Parent Handbook & Policy Manual. **Please initial: _____ Yes _____ No**
13. I give permission for the preschool to post pictures of my child on social media such as; Westlock Preschool Society Website, Westlock Elementary School Website, Facebook, Parent Boards and digital picture frames for public viewing. **Please initial: _____ Yes _____ No**

_____ (Parent/Guardian Signature)	_____ (Parent Name- Please print)	_____ (Date)
_____ (Preschool President Signature)	_____ (President Name-)	_____ (Date)

Gymnasium Permission

I, _____, give permission to my child, _____ to walk to, and take part in the gymnasium of Westlock Elementary School. The Educator, Assistant and/or Parent helper will provide supervision.

(Parent/Guardian Signature)

(Parent Name- Please print)

(Date)

Outdoor Play Permission

I, _____, give permission to my child, _____ to take part in activities, on the playground equipment, in the grassy area outside on the property of Westlock Elementary School or to participate in neighborhood walks. These activities will take place when weather permits. The Educator , Assistant and/or Parent-Helper will provide supervision.

(Parent/Guardian Signature)

(Parent Name- Please print)

(Date)